

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006018

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 317

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Length of stay in 1b <u>17 years</u>	
c. FULL NAME OF (if NOT in hospital, give location) <u>St. John's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>3201 W. Division</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FLOYD</u> Middle <u>AVELIN</u> Last <u>HAYS</u>		4. DATE OF DEATH Month <u>February</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 13, 1889</u>
9. AGE (last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>	
11. BIRTHPLACE (City and state or country) <u>Defiance, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Morgan Brian Hays</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Frances McCormick</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillian E. Hays</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No Yes</u>	
16. SOCIAL SECURITY NO. <u>7</u>		17. INFORMANT <u>Mrs. Lillian E. Hays, Springfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Myocardial Infarction, Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Due to Arteriosclerotic Coronary Thrombosis</u> DUE TO (c) <u>2 days</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>none</u>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>		20c. TIME OF INJURY Hour <u>none</u> a.m. <u>none</u> p.m. <u>none</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
20f. CITY, TOWN, OR LOCATION <u>Springfield, Mo.</u>		COUNTY <u>Greene</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>7-26-62</u> to <u>2-26-63</u> and last saw him alive on <u>2-26-63</u> Death occurred at <u>3:30 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. J. Windle, M.D.</u>	
22b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>		22c. DATE SIGNED <u>2/27/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 1, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		23d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>Jewell E. Windle, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-63</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300 Rev. 4/59

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DATE AMENDED
3/14/63
3/14/63
6-11-63

INSTEAD OF
Sept. 13, 1889
Inside city limits "yes"
8-13-1889

DOCUMENT

BY AFFIDAVIT OF Informant
8-13-1889
Inside city limits "no"
8-13-1889

USE BLACK INK
OR
TYPEWRITER RIBBON

211 2.7 2004
214 2004
2004 1

JAN 28 1964

If this body is not embalmed, fact should be so stated above.